## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2004

Application or Docket Number

09/813767

		CLAIMS A		S FILED - PART I  (Column 1) (Column 2)			SMALL ENTITY TYPE			0.0	OTHER THAN R SMALL ENTITY		
TOTAL CLAIMS			1	<del></del>	1001	2 2 3 3 3 3		RATE	FEE	OR 7	RATE	<del>,</del>	
FOR			NUMBER	FILED	NUME	BER EXTRA		BASIC FE	<del></del>	-	BASIC FEE	FEE \$750	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			· · ·	1 4575	7		Ψ/00	
INDEPENDENT CLAIMS			minus 3 =		*	·		X\$ 9=	ļ	OR	X\$18=		
MULTIPLE DEPENDENT CLAIM PI			<u> </u>		<u> </u>			X43=	ļ	OR	X8 <b>6</b> =	ļ	
<u> </u>	· .		,					+145=	}	OR	+290=		
* [	the difference	e in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL		
Z	1 mous	CLAIMS AS	AMENDED - PART II						*,		OTHER		
	7 6404	(Column 1)		(Colun		(Column 3)	1 · .	SMALL	ENTITY	OR	SMALL		
AMENDMENT		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	12	Minus	** 4	0	2		X\$ 9=		OR	X\$18=		
AME	Independent	* Ψ.	Miņus	*** 4	<u>දී</u>	=		X43=		OR	X86=		
<u> </u>	FIRST PRESE	ENTATION OF M	OLITPLE DE	PENDENT	CLAIM			+145=		OR	+2 <b>9</b> 0=		
							L	TOTAL	-	۱ ا	TOTAL		
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE	L	<b>1</b> 011,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING		HIGHE	ST	·	Г		ADDI-	1 [		ADDI-	
		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
QN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		='		X4 <b>3</b> =	,	OR	X8 <b>6</b> =		
	FIRST PRESE	NTATION OF MI	JUITPLE DEF	ENDENT	CLAIM			+145=		lt	+290=	<del></del>	
						•	L	TOTAL	· · · · ·	OR	TOTAL	<del> </del>	
			•	· .			Α	DDIT. FEE		OR A	DDIT. FEE		
	Programme and the	(Column 1) CLAIMS	recept a sure of	(Colum		(Column 3)	_						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
S S	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	·	
AME	Independent	*	Minus -	***		=	F	X4 <b>3</b> =	<del></del>	ŀ	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT (	CLAIM		-			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR L	+290=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "High st Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
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